

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/585991  
FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	2		2			
4	1			1		
5	1			1		
6	1			1		
7	2		1			
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TOTAL IND.			2			
TOTAL DEP.		2				
TOTAL CLAIMS			8			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				2		
TOTAL DEP.					2	
TOTAL CLAIMS			8			